



# OHIO MANUFACTURED HOMES COMMISSION

5100 Parkcenter Avenue Suite 103 Dublin OH 43017  
PH: 614-734-6010 FX: 614-734-6012 Website: www.omhc.ohio.gov

(Office Use Only)
___ \$50 renewal fee
___ \$25 late fee if applicable
___ Continuing Education Fee

## Manufactured Home Inspector License Renewal Application

### READ INSTRUCTIONS CAREFULLY BEFORE RETURNING FOR PROCESSING

1. Complete application in its entirety and legibly.
2. If you need additional space to complete an answer please use section 6 or attach a separate sheet.
3. Return the completed application along with full amount due to our office at the address listed above.
4. **Payment and application must be postmarked *before* your current license expires or a \$25 late fee will be assessed and must be paid before renewal will be processed.** \*\*\*FEES ARE NON REFUNDABLE\*\*\*
5. If paying with check or money order, please make payable to *Treasurer, State of Ohio*
6. If you would like to pay by credit or debit card, visit our website at [www.omhc.gov](http://www.omhc.gov) to print off the credit card authorization. You will find the authorization form located under the Forms link. Print, fill out and return with the application

### SECTION 1 INSPECTOR INFORMATION UPDATE USE HOME ADDRESS (PLEASE PRINT)

Name:		Alias:	
Home Mailing Address:		City:	
State	Zip	County:	Email:
Phone:		Fax:	Cell:
Social Security Number:		License Number:	
Are you a veteran or member of the US Armed Forces [ ] YES [ ] NO		Is your spouse a veteran or member of the US Armed Forces [ ] YES [ ] NO	

### SECTION 2 EMPLOYER UPDATE

Employer Name:		Phone:	
Address of Employer:		City	State Zip

\*If self-employed, use your business name for employer.

### SECTION 3 CRIMINAL BACKGROUND

Have you been convicted of a felony or crime of moral turpitude in the last 2 years?  Yes  No

If Yes, please provide a certified copy of the conviction mailed directly from the court to the OMHC office. Also explain below including type of conviction, case number, state and county of conviction and date of conviction.

Explanation:

---



---

### SECTION 4 CONTINUING EDUCATION

Please attest to completing 12 hours of continuing education.

These hours must match our records as reported by continuing education sponsors.

Provide copies of your completion certificate for all continuing education credit.

**a) BBS Approved Courses (you must list each course below, provide a certification of completion for each course AND include \$10/per credit hour (\$5/credit hour + \$5 per credit hour administrative fee)**

Course #	Course Name:		
Date:	Location:	Credit Hours Earned:	

**SECTION 4 CONTINUING EDUCATION Cont'd**

**BBS Approved Courses Cont'd**

Course #	Course Name:	
Date:	Location:	Hours Earned:
Course #	Course Name:	
Date:	Location:	Hours Earned:
<b>b) All other Approved Continuing Education Course (you must list each course below AND provide a certificate of completion for each course.</b>		
Date:	Location:	Hours Earned:

**SECTION 5 OPTION TO NOT RENEW**

If you are not renewing your license at this time, please indicate reason  
 Retired     Inactive     Other (Please explain below)

Explanation:

---



---

**SECTION 6 ADDITIONAL INFORMATION OR SPACE AS NEEDED**

---



---



---

**SECTION 7 ACKNOWLEDGEMENT AND SIGNATURE**

**I attest that the information provided on this application and any attachment(s) is true, correct and complete. I understand that making a false, fraudulent or deceitful statement on this application may result in disciplinary action and/or the Commission's refusal to renew my license.**

**I further understand and authorize the Commission and its agents to investigate this application and verify the statements contained herein. I hereby authorize any government agency, law enforcement agency, licensing board, school, corporation, organization, association or any person to provide the Commission with any information necessary to investigate information I have provided and disclosed on this application.**

Signature:	Date:
------------	-------

Public Information Disclosure: Pursuant to Ohio Revised Code 149, please be advised that information submitted in this application may be utilized or published by the licensing agency for the purpose of disseminating licensing information to the public. Only information subject to Ohio Public Records law and deemed useful to the industry or public shall be disseminated.

*Office Use Only:*      Check # \_\_\_\_\_      Date: \_\_\_\_\_      Amount \_\_\_\_\_

CC: Last 4 #'s \_\_\_\_\_      Approval # \_\_\_\_\_      Date \_\_\_\_\_      Amount \_\_\_\_\_

Office Notes: \_\_\_\_\_